For your impatient cold patients

Two sprays from NTZ Nasal Spray—and nasal congestion, rhinorrhea, sneezing are reduced for *immediate* comfort for patients with colds.

NTZ is more than a simple vasoconstrictor. It contains:

Neo-Synephrine **(brand of phenylephrine) HCl 0.5 per cent,** the major component, virtually synonymous with fast, efficient but gentle nasal vasoconstriction on contact.

Thenfadil **(brand of thenyldiamine) HCl 0.1 per cent,** topical antihistamine for reduction of rhinorrhea, sneezing or itching. It combats the allergic reactions that may occur in colds or sinusitis.

Zephiran **(brand of benzalkonium, as chloride, refined) 1:5000,** antiseptic preservative and wetting agent to promote penetration and spread of the formula.

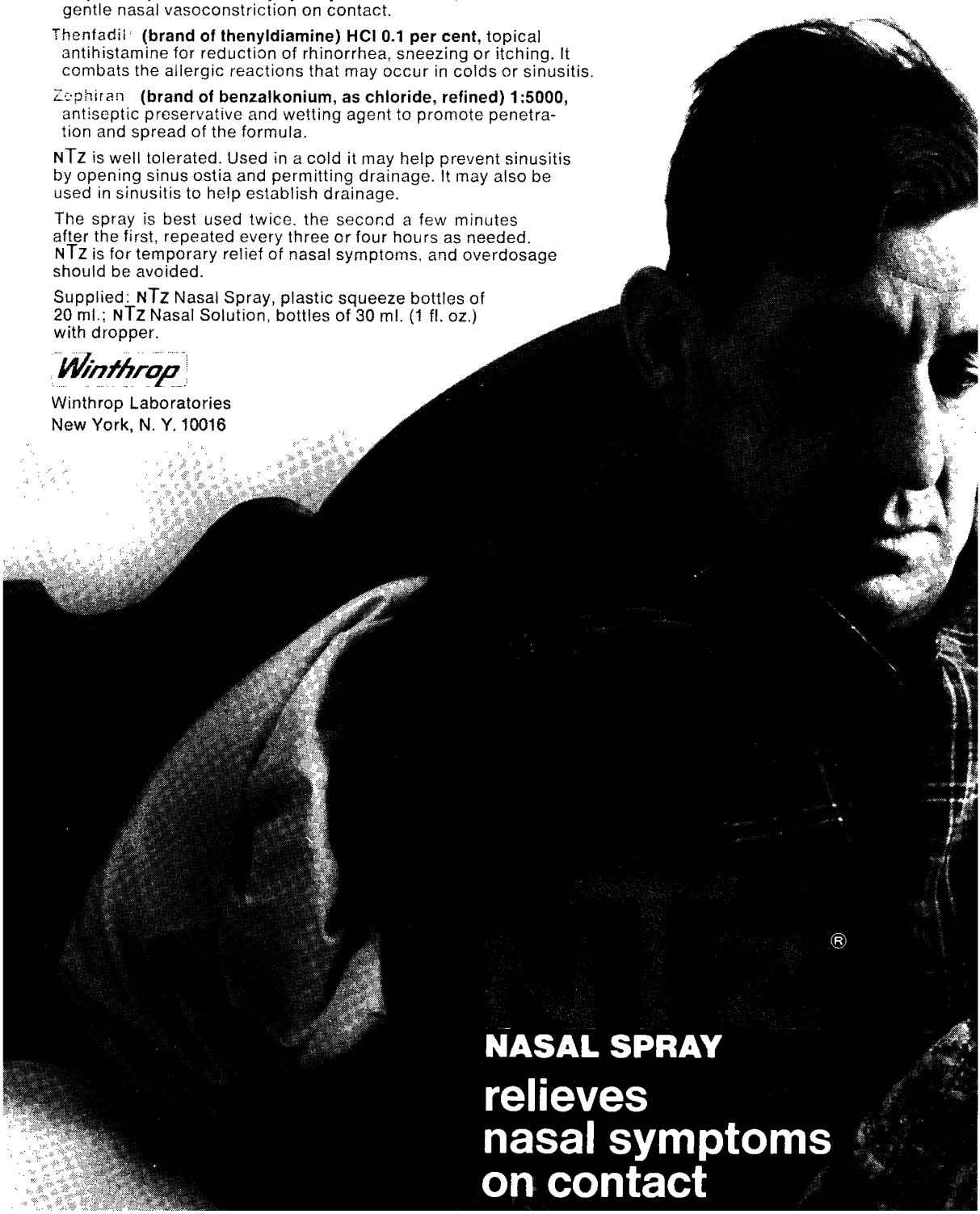
NTZ is well tolerated. Used in a cold it may help prevent sinusitis by opening sinus ostia and permitting drainage. It may also be used in sinusitis to help establish drainage.

The spray is best used twice, the second a few minutes after the first, repeated every three or four hours as needed. NTZ is for temporary relief of nasal symptoms, and overdosage should be avoided.

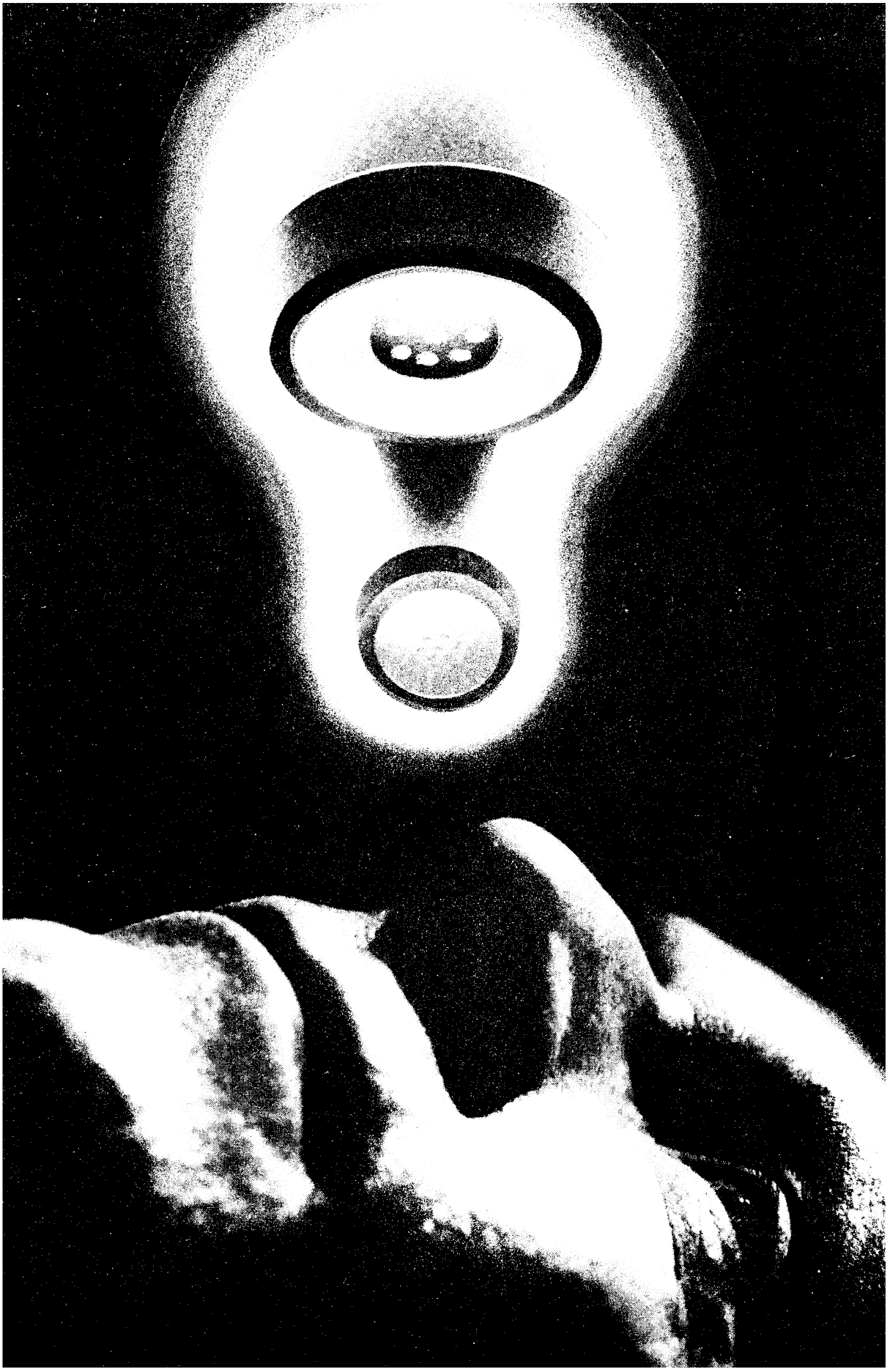
Supplied: NTZ Nasal Spray, plastic squeeze bottles of 20 ml.; NTZ Nasal Solution, bottles of 30 ml. (1 fl. oz.) with dropper.

Winthrop

Winthrop Laboratories
New York, N. Y. 10016



The Bulletin of The New York Academy of Medicine, Vol. 44, No. 2, February, 1968. Published monthly by The New York Academy of Medicine, 2 East 103 Street, New York, N. Y. 10029. Entered as second-class matter February 3, 1928, at the Post Office at New York, N. Y., under the act of August 24, 1912. Postage paid at New York, N. Y. Annual subscription United States $10.00. Canada $11.00. All other countries $12.00. Single copies $2.00.



"I should handle prospects differently— why can't I be more forceful and get the orders!"

Too often, a chronic worrier relives the events of the day at night, when anxiety exaggerates them even more. Unable to relax physically or mentally, the patient is trapped by anxiety-induced insomnia, robbed of the restoring sleep he needs to meet the next day.

Librium (chlordiazepoxide HCl) 10 mg *h.s.* usually affords sufficient relief of anxiety and tension to interrupt the debilitating anxiety-insomnia cycle, while a t.i.d. dose helps provide excellent daytime control. On proper maintenance dosage, there is seldom any undue interference with mental acuity or physical coordination. In general use, the most common side effects reported have been drowsiness, ataxia and confusion, particularly in the elderly and debilitated. (See prescribing information.)

for anxiety-induced insomnia

Librium®

(chlordiazepoxide HCl) one cap. t.i.d. plus h.s.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Indicated when anxiety, tension and apprehension are significant components of the clinical profile.

Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

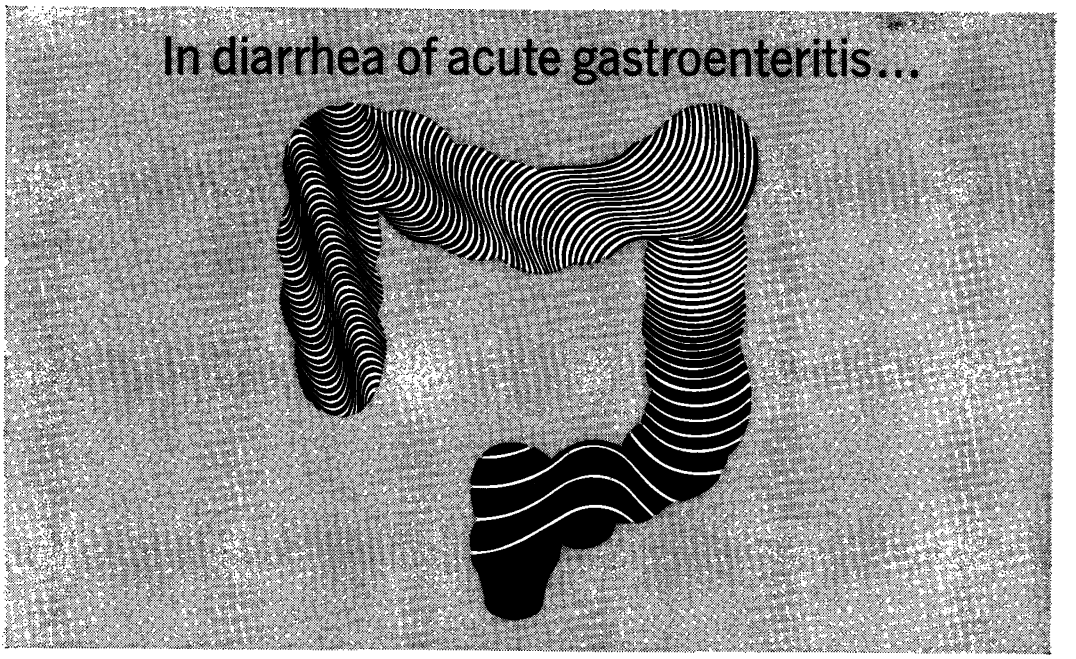
Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

Usual Daily Dosage: Individualize for maximum beneficial effects. *Oral*—Adults: Mild and moderate anxiety and tension, 5 or 10 mg t.i.d. or q.i.d.; severe states, 20 or 25 mg t.i.d. or q.i.d. Geriatric patients: 5 mg b.i.d. to q.i.d. (See Precautions.)

Supplied: Librium® (chlordiazepoxide HCl) Capsules, 5 mg, 10 mg and 25 mg—bottles of 50. Libritabs™ (chlordiazepoxide) Tablets, 5 mg, 10 mg and 25 mg—bottles of 100. With respect to clinical activity, capsules and tablets are indistinguishable.

ROCHE **Roche** LABORATORIES
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110



LOMOTIL® Tablets Liquid

Each tablet and each 5 cc. of liquid contains:
diphenoxylate hydrochloride ..... 2.5 mg.
(Warning: May be habit forming)
atropine sulfate ..... 0.025 mg.

• Lowers Motility • Allays Diarrhea • Limits Disability

No matter how quickly diarrhea may subside, it seldom subsides quickly enough for the patient.

The lack of laboratory methods for promptly identifying the causative organism increases the importance of symptomatic and supportive therapy.

Lomotil is a simple, highly acceptable agent, free of the major disadvantages of the opiates, for prolonging intestinal transit time and limiting the duration of diarrhea. With Lomotil to control intestinal hypermotility and diarrhea, patients are more comfortable and frequently are able to resume normal activities sooner.

Precautions: Lomotil is a federally exempt narcotic preparation of very low addictive potential. Recommended dosages should not be exceeded, and medication should be kept out of reach of children. Should accidental overdosage occur signs may include severe respiratory depression, flushing, lethargy or coma, hypotonic reflexes, nystagmus, pinpoint pupils and tachycardia; continuous observation is recommended. Lomotil should be used with caution in patients with impaired liver function or those taking addicting drugs or barbiturates.

Side Effects: Side effects are relatively uncommon but among those reported are gastrointestinal irritation, sedation, dizziness, cutaneous manifestations, restlessness, insomnia, numbness of the extremities, headache, blurring of vision, swelling of the gums, euphoria, depression and general malaise.

For correct therapeutic effect
Rx correct therapeutic dosage

Dosage: The recommended initial *daily dosages*, given in divided doses until diarrhea is controlled, are:

Children:

3-6 mo. . . ½ tsp.* t.i.d. (3 mg.)
6-12 mo. . ½ tsp. q.i.d. (4 mg.)
1-2 yr. . . . ½ tsp. 5 times daily (5 mg.)
2-5 yr. . . . 1 tsp. t.i.d. (6 mg.)
5-8 yr. . . . 1 tsp. q.i.d. (8 mg.)
8-12 yr. . . 1 tsp. 5 times daily (10 mg.)
Adults: . . 2 tsp. 5 times daily (20 mg.)
(or 2 tablets q.i.d.)

*Based on 4 cc. per teaspoonful.

Maintenance dosage may be as low as one-fourth the initial daily dosage.

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"Yes, Doctor, the pain is gone."

'EMPIRIN'® COMPOUND with CODEINE PHOSPHATE gr. 1/2 No. 3

Each tablet contains: Codeine Phosphate gr. ½ (Warning—May be habit forming), Phenacetin gr. 2½, Aspirin gr. 3½, Caffeine gr. ½.

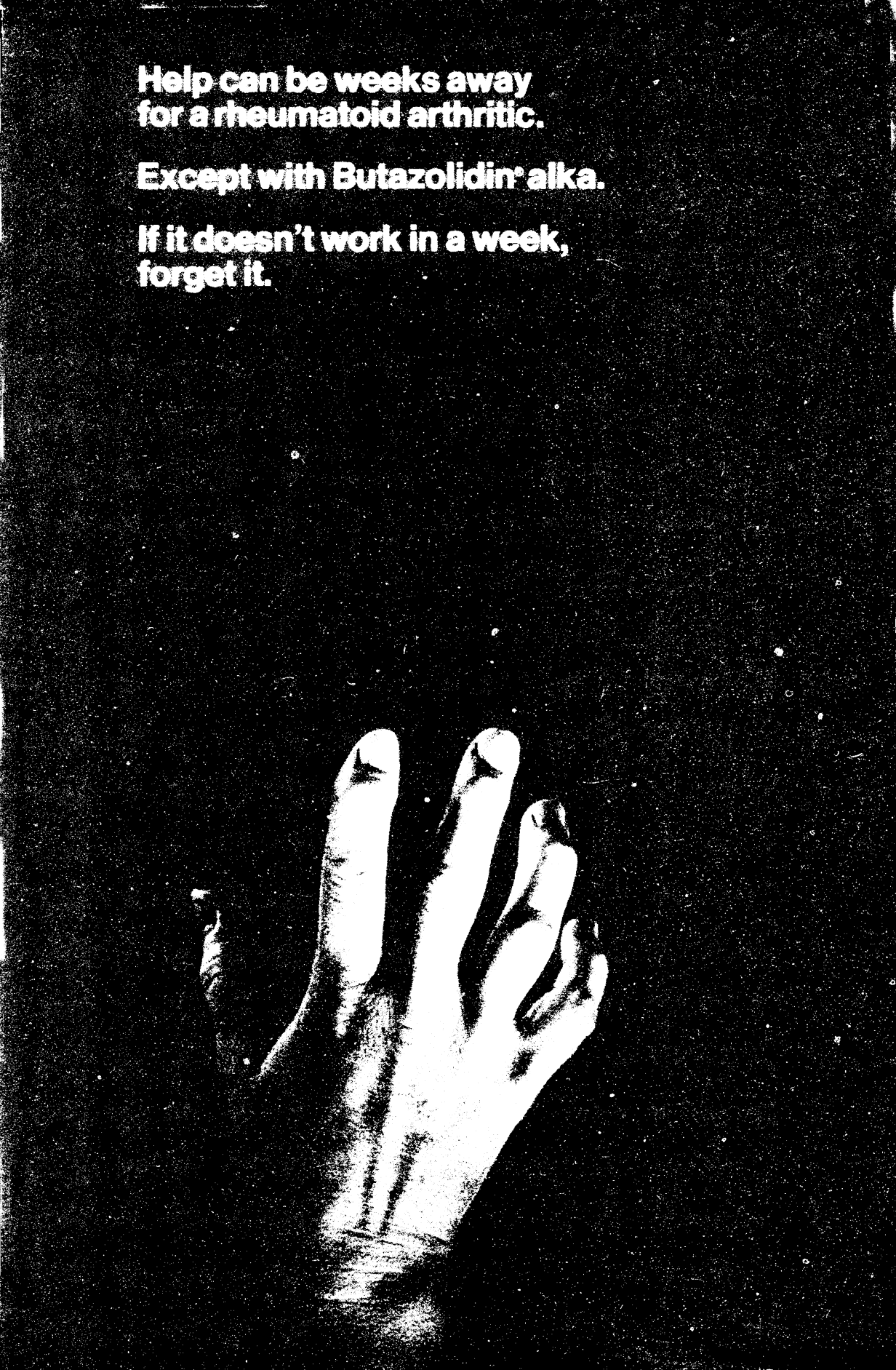
■ Despite introduction of synthetic substitutes, efficacy of 'Empirin' Compound with Codeine remains unchallenged.

BURROUGHS WELLCOME & CO. (U.S.A.) INC., TUCKAHOE, N.Y.

Help can be weeks away for a rheumatoid arthritic.

Except with Butazolidin® alka.

If it doesn't work in a week, forget it.



But don't forget this about Butazolidin alka

Contraindications: Edema; danger of cardiac decompensation; history or symptoms of peptic ulcer; renal, hepatic or cardiac damage; history of drug allergy; history of blood dyscrasia. The drug should not be given when the patient is senile or when other potent drugs are given concurrently. Large doses of Butazolidin alka are contraindicated in glaucoma.

Warning: If coumarin-type anticoagulants are given simultaneously, watch for excessive increase in prothrombin time. Instances of severe bleeding have occurred. Pyrazole compounds may potentiate the pharmacologic action of sulfonylurea, sulfonamide-type agents and insulin. Carefully observe patients receiving such therapy. Use with great caution in the first trimester of pregnancy.

Precautions: Before prescribing, carefully select patients, avoiding those responsive to routine measures as well as contraindicated patients. Obtain a detailed history and a complete physical and laboratory examination, including a blood count. The patient should not exceed recommended dosage, should be closely supervised and should be warned to discontinue the drug and report immediately if fever, sore throat, or mouth lesions (symptoms of blood dyscrasia); sudden weight gain (water retention); skin reactions; black or tarry stools or other evidence of intestinal hemorrhage occur. Make regular blood counts. Discontinue the drug immediately and institute countermeasures if the white count changes significantly, granulocytes decrease, or immature forms appear. Use greater care in the elderly and in hypertensives.

Adverse Reactions: The most common are nausea, edema and drug rash. Swelling of the ankles or face may be minimized by withholding dietary salt, reduction in dosage or use of diuretics. In elderly patients and in those with hypertension the drug should be discontinued with the appearance of edema. The drug has been associated with peptic ulcer and may reactivate a latent peptic ulcer. The patient should be instructed to take doses immediately before or after meals or with milk to minimize gastric upset. Mild drug rashes frequently subside with reduction of dosage. However, rash accompanied by fever or other systemic reactions usually requires withholding medication. Purpuric rash has also been reported. Agranulocytosis, exfoliative dermatitis, Stevens-Johnson syndrome, or a generalized allergic reaction similar to serum sickness may occur and require permanent withdrawal of medication. Stomatitis, salivary gland enlargement, vomiting, vertigo and languor may occur. Leukemia and leukemoid reactions have been reported. While not definitely attributable to the drug, a causal relationship cannot be excluded. Thrombocytopenic purpura and aplastic anemia may occur. Confusional states, agitation, headache, blurred vision, optic neuritis and transient hearing loss have been reported, as have hyperglycemia, hepatitis, jaundice, and several cases of anuria and hematuria. With long-term use, reversible thyroid hyperplasia may occur infrequently. Moderate lowering of the red cell count due to hemodilution may occur.

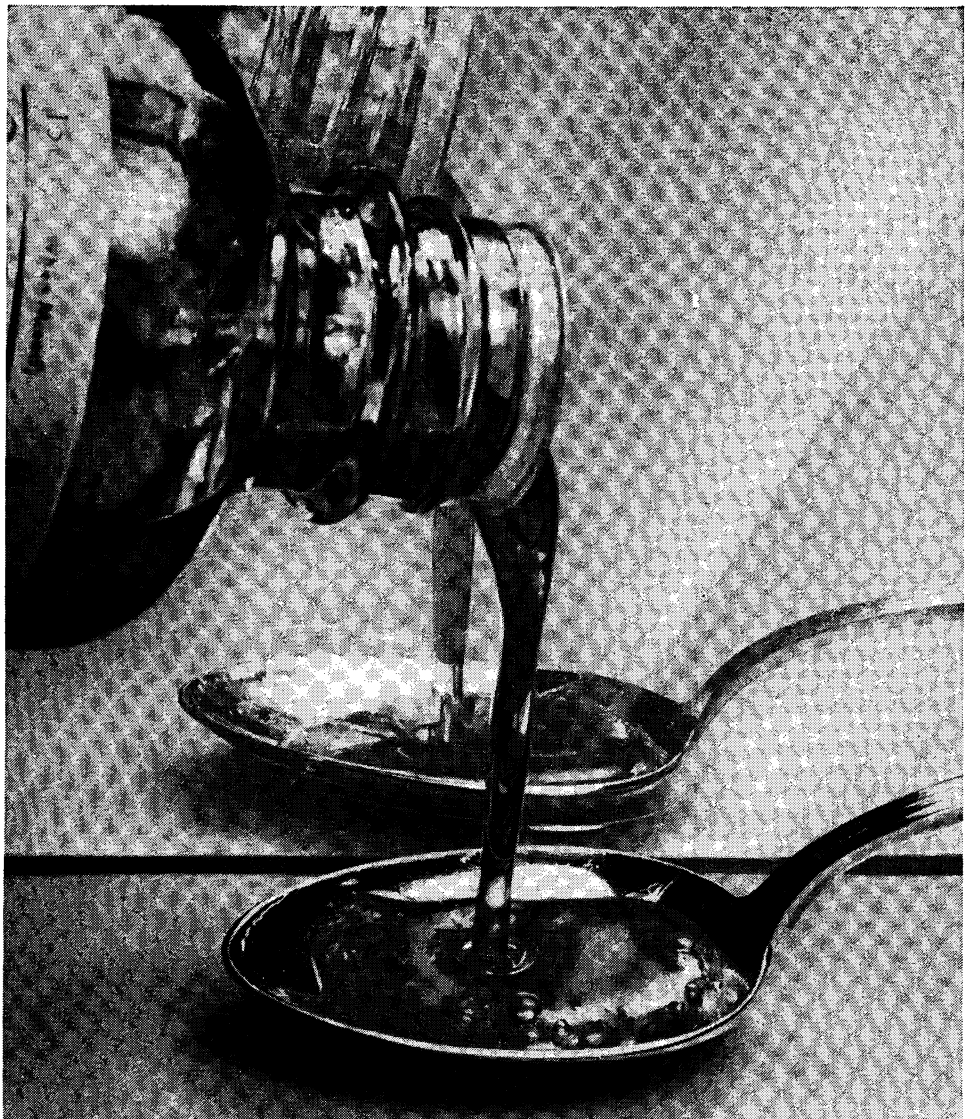
Dosage in Rheumatoid Arthritis: Initial: three to six capsules daily in three or four equal doses. Trial period: one week. Maintenance dosage should not exceed four capsules daily; response is often achieved with one or two capsules daily. 6509-V(B)R2

Butazolidin® alka Geigy

Capsules: phenylbutazone, 100 mg.; dried aluminum hydroxide gel, 100 mg.; magnesium trisilicate, 150 mg.; homatropine methylbromide, 1.25 mg.

For complete details, please see full prescribing information.

Geigy Pharmaceuticals
Division of Geigy Chemical Corporation
Ardsley, New York 10502



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Potassium Phenoxymethyl Penicillin

Lilly

Additional information available to physicians upon request. Eli Lilly and Company, Indianapolis, Indiana 46206.

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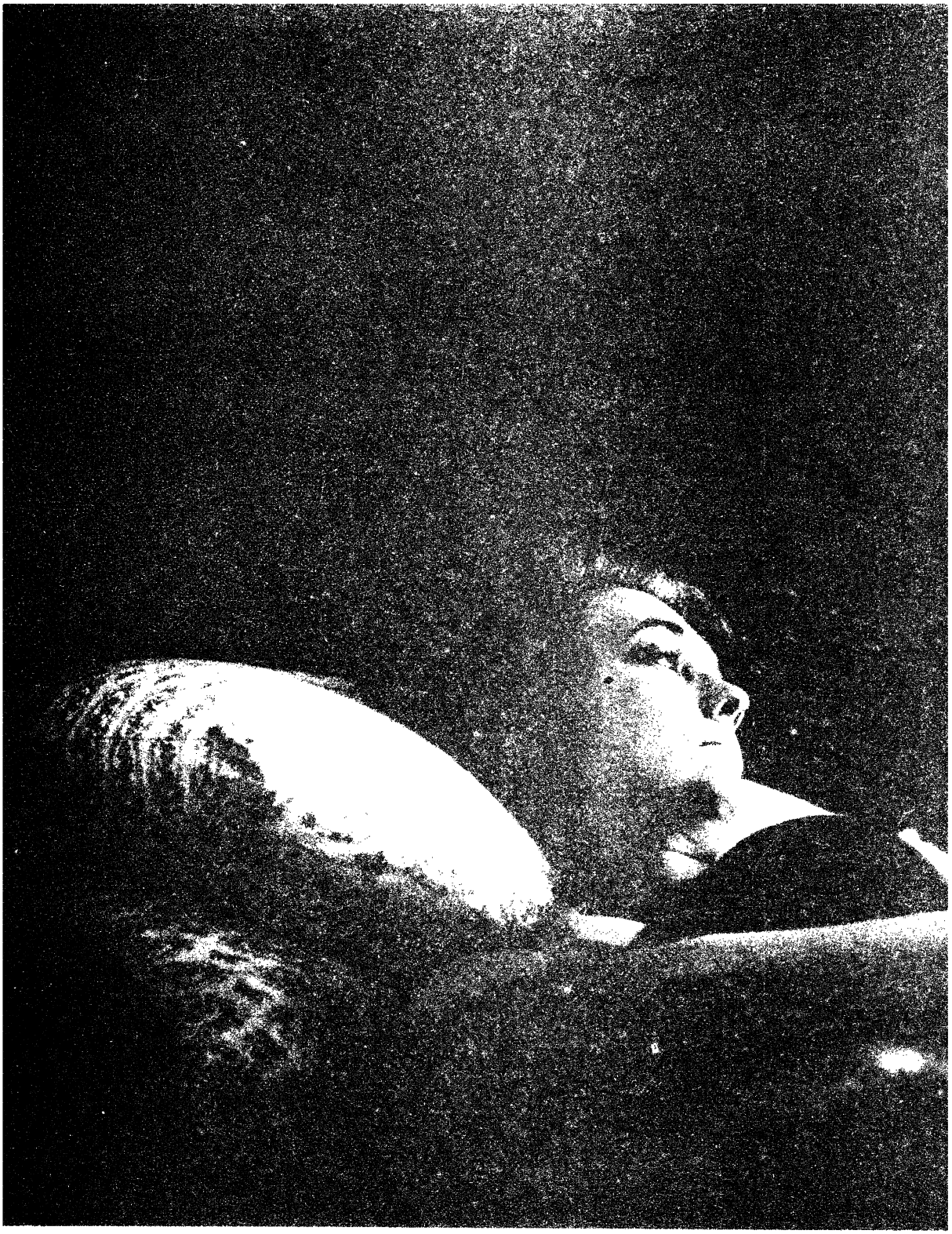

Indications: Hypertension and many types of edema involving retention of salt and water.
Contraindications: Hypersensitivity and most cases of severe renal or hepatic disease.
Warning: With the administration of enteric-coated potassium supplements, which should be used only when adequate dietary supplementation is not practical, the possibility of small bowel lesions (obstruction, hemorrhage, and perforation) should be kept in mind. Surgery for these lesions has frequently been required and deaths have occurred. Discontinue enteric-coated potassium supplements immediately if abdominal pain, distention, nausea, vomiting, or gastrointestinal bleeding occur.
Use with caution in pregnant patients, since the drug may cross the placental barrier and adverse reactions which may occur in the adult (thrombocytopenia, hyperbilirubinemia, altered carbohydrate metabolism, etc.) are potential problems in the newborn.
Precautions: Antihypertensive therapy with Hygroton should always be initiated cautiously in postsympathectomy patients and in patients receiving ganglionic blocking agents or other potent antihypertensive drugs, or curare. Reduce dosage of concomitant antihypertensive agents by at least one-half. Barbiturates, narcotics or alcohol may potentiate hypotension. Because of the possibility of progression of renal damage, periodic determination of the BUN is indicated. Discontinue if the BUN rises or liver dysfunction is aggravated. Hepatic

For the cardiac patient on 2 pillows a night, consider one Hygroton a day.

Hygroton® Geigy
chlorthalidone

100 mg. tablets
or New
50 mg. tablets

She was the picture of arteriosclerotic heart disease in failure. She couldn't sleep a wink without an extra pillow. Then her doctor prescribed digitalis and Hygroton.

First, her cardiac output improved. Then her breathing improved—along with her urinary output.

Nights could be a lot more pleasant for patients like this in your practice. Try it and see.

Hygroton therapy may also mean troublesome side effects for some patients. A summary of essential prescribing information is shown below.

coma may be precipitated.
Electrolyte imbalance, sodium and/or potassium depletion may occur. If potassium depletion should occur during therapy, Hygroton should be discontinued and potassium supplements given, provided the patient does not have marked oliguria.
Take special care in cirrhosis or severe ischemic heart disease and in patients receiving corticosteroids, ACTH, or digitalis. Salt restriction is not recommended.
Adverse Reactions: Nausea, gastric irritation, vomiting, anorexia, constipation and cramping, dizziness, weakness, restlessness, hyperglycemia, hyperuricemia, headache, muscle cramps, orthostatic hypotension, aplastic anemia, leukopenia, thrombocytopenia, agranulocytosis, impotence, dysuria, transient myopia, skin rashes, urticaria, purpura, necrotizing angiitis, acute gout, and pancreatitis when epigastric pain or unexplained G.I. symptoms develop after prolonged administration. Other reactions reported with this class of compounds include: jaundice, xanthopsia, paresthesia, and photosensitization.
Average Dosage: 50 or 100 mg. with breakfast daily or 100 mg. every other day.
Availability: White, single-scored tablets of 100 mg. and aqua tablets of 50 mg., in bottles of 100 and 1000.
(B)R46-230-D
For full details, please see the complete prescribing information.

HY-5656

100 mg. Hygroton®
chlorthalidone

and new 50 mg. Hygroton

For the cardiac patients in your practice, you can prescribe Hygroton either way.

Hygroton 50 mg. offers convenience for your patients who are halving the 100 mg. tablet or taking it every other day.

Geigy

Please see preceding pages for prescribing summary.

Geigy Pharmaceuticals
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Ardsley, New York 10502

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- Complete in-hospital medical consultations now $35.00.
- Surgery allowances up an average of 30%.
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- Home calls raised 33%.
- Anesthesia up an average of 48%.
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- Over 11,000 Participating Doctors now.
- GHI has over 1,000,000 subscribers.
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Old plans are not sold any longer. Only new plans are available to new subscribing groups. Many groups have already moved up to the new plans.

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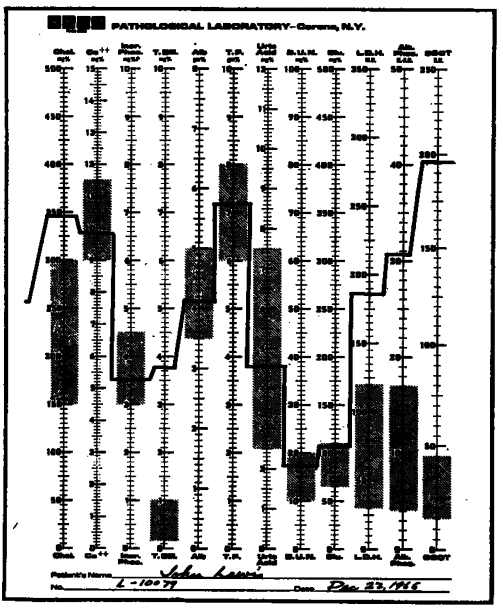
now for your non-hospitalized patients



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Heretofore available only to patients in a few large hospitals, PATHOLOGICAL LABORATORY *now provides* this *rapid* automated analytical service for the non-hospitalized patient.

A Serum Chemistry Graph of each analysis summarizes in graphic form the results of *all 12 tests together,* superimposed over a background of normal values.

Patients may be directed to either laboratory; or blood samples can be mailed in post-paid containers provided by our laboratory. The Serum Chemistry Graph and a report in the usual numerical format will be mailed the same day samples are received. Free messenger pick-up is available in select areas.

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the more frequent her migraine...
the more severe her attacks...
the more the need for Sansert

the only known specific for the prophylaxis of migraine attacks

Sansert, whose action is *preventive,* is for *severe* migraine sufferers: (1) the patient who experiences one or more attacks a week; (2) the patient whose episodes are so overwhelming and refractory to symptomatic treatment that preventive therapy is indicated regardless of frequency.

With this unique prophylactic drug, the patient may not only gain freedom from many such attacks—perhaps even complete freedom from migraine—but may also, as a result, enjoy release from the constant fear of recurrent incapacitation.

It is important that the physician be familiar with the supervisory procedures required in the administration of the drug in order to minimize the possibility of adverse effects, particularly retroperitoneal fibrosis.

Contraindications: Pregnancy, peripheral vascular disease, severe arteriosclerosis, severe hypertension, coronary artery disease, phlebitis or cellulitis of the lower limbs, pulmonary or collagen disease, impaired liver or renal function, cachectic or septic states.
Warning: Continuous medical supervision is recommended. In a few patients retroperitoneal fibrosis, pleuropulmonary fibrosis, cardiac murmurs, vascular bruits, arterial insufficiency and/or shutdown of major vessels have been reported and are indications for discontinuation of the drug. Spontaneous reversal of clinical and laboratory findings can usually be anticipated upon withdrawal of the drug. Therapy should be interrupted for three to four weeks at six-month intervals.
Side Effects: Girdle or flank pain and dysuria, evidence of urinary obstruction, elevated sedimentation rate and/or elevated BUN, phlebitis or signs of venous obstruction of the lower limbs, chest pain, shortness of breath, pleural friction rub or effusion should alert the physician to the possible diagnosis of retroperitoneal or pleuropulmonary fibrosis and the drug should be withdrawn. Cold, numb, or painful hands or feet and leg spasms have been noted, but have a tendency to subside when the drug is withdrawn. Nausea, heartburn, vomiting, insomnia, lightheadedness, dizziness, "unworldly" feelings, dependent edema, weight gain, and thinning of the hair may occur, but are infrequent.
Adult Dosage: 2 to 4 tablets per day, preferably 1 tablet with each meal.
Before prescribing, see package insert for full product information.

Sansert®
(methysergide maleate)

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a new multi-volume work

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edited by Curtis A. Williams and Merrill W. Chase

Covers the basic methods employed for research in immunology and immunochemistry. Practical procedures with operational details are presented, accompanied in each case by discussions of the problems and common pitfalls. The first four volumes fix the base and breadth of methodology.

Volume 1: PREPARATION OF ANTIGENS AND ANTIBODIES
*1967, 479 pp., $22.00, $18.70**
Volume 2: PHYSICAL AND CHEMICAL METHODS
February 1968, about 400 pp., in preparation
Volume 3: ANTIGEN-ANTIBODY REACTION
in preparation
Volume 4: STUDIES WITH ANIMALS, CELLS AND TISSUES
in preparation

*Special 15% discount subscription price valid on orders for the complete set received before publication of the last volume.

BLOOD CLOTTING ENZYMOLOGY

edited by Walter T. Seegers

Introduces the general field of blood clotting enzymology through a critical, factual analysis, placing the subject within the framework of modern concepts in enzymology, and the physiology of hemostasis. The application of basic principles in clinical medicine is presented in terms of platelet function, hemorrhagic diseases, thrombosis and physiological integration. The true course of blood coagulation is traced from its inception through clot retraction, and the neutralization of enzyme activity.

1967, 629 pp., $27.50

FACTORS INFLUENCING MYOCARDIAL CONTRACTILITY

edited by Ralph D. Tanz, Frederic Kavaler and Jay Roberts

A collection of research and review papers on the physiology, biochemistry, and pharmacology of cardiac muscle. Many of the current methods, including tissue culture, are described; also discussed are the physiology of heart failure, excitation-contraction, studies performed *in vitro* and *in vivo*, special biochemical problems of cardiac muscle, and the effects of catecholamines, cardiac glycosides, and hormones upon cardiac muscle.

1968, about 680 pp., $28.00

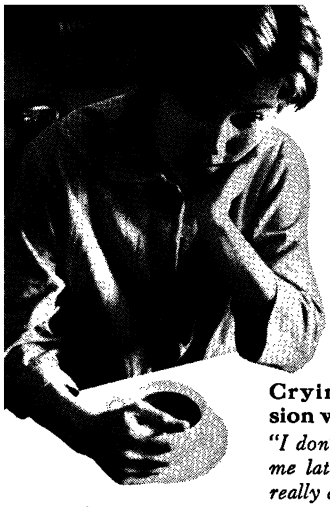
INTERNATIONAL REVIEW OF EXPERIMENTAL PATHOLOGY

edited by G. W. Richter and M. A. Epstein

VOLUME 6

March 1968, about 315 pp., in preparation

ACADEMIC PRESS
NEW YORK AND LONDON
111 FIFTH AVENUE, NEW YORK, N.Y. 10003



Tears without grief

Crying Spells... psychic tension with depressive symptoms?
"I don't know what's the matter with me lately... I cry and I cry... and I really don't know why I do."

A woman often is not conscious of the real reasons for her crying spells or refuses to admit them to herself. On probing you may find that frequent weeping, like insomnia or neurotic fatigue, often is an expression of psychic tension.

She needs sympathy and reassurance, and perhaps a calming agent to help her over her crisis. Consider prescribing Valium (diazepam) for her. It usually reestablishes calmness promptly. Crying spells and other secondary depressive symptoms normally subside as the tension is relieved. Your patient then can cope more easily with the stresses to which she is subjected.

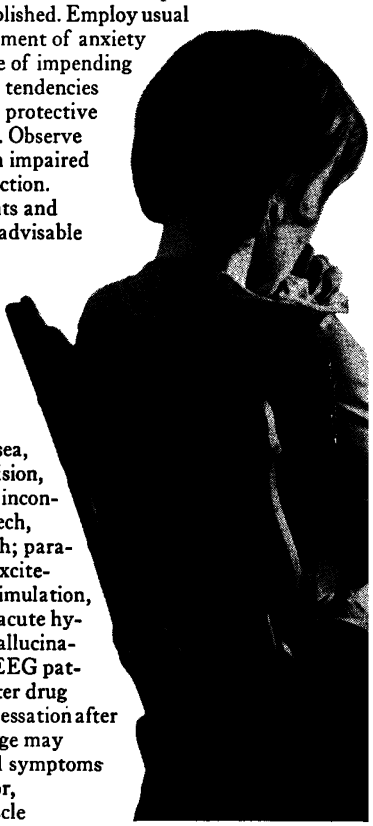
Valium (diazepam) is generally well tolerated, and on proper maintenance dosage usually does not impair mental acuity or ability to function. If side effects such as ataxia and drowsiness occur, they usually disappear with dosage adjustment.

Before prescribing, please consult complete product information, a summary of which follows:

Contraindications: Infants, patients with history of convulsive disorders, glaucoma or known hypersensitivity to drug.

Warning: Not of value in the treatment of psychotic patients, and should not be employed in lieu of appropriate treatment.

Precautions: Limit dosage to smallest effective amount in elderly or debilitated patients (not more than 1 mg, one or two times daily initially) to preclude ataxia or oversedation, increasing gradually as needed or tolerated. As is true of all CNS-acting drugs, until correct maintenance dosage is established, advise patients against possibly hazardous procedures requiring complete mental alertness or physical coordination. Driving during therapy not recommended. In general, concurrent use with other psychotropic agents is not recommended. If such combination therapy is used, carefully consider individual pharmacologic effects—particularly with known compounds which may potentiate action of Valium (diazepam), such as phenothiazines, barbiturates, MAO inhibitors and other antidepressants. Advise patients against simultaneous ingestion of alcohol or other CNS depressants. Safe use in pregnancy not established. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Observe usual precautions in impaired renal or hepatic function. Periodic blood counts and liver function tests advisable in long-term use. Cease therapy gradually.

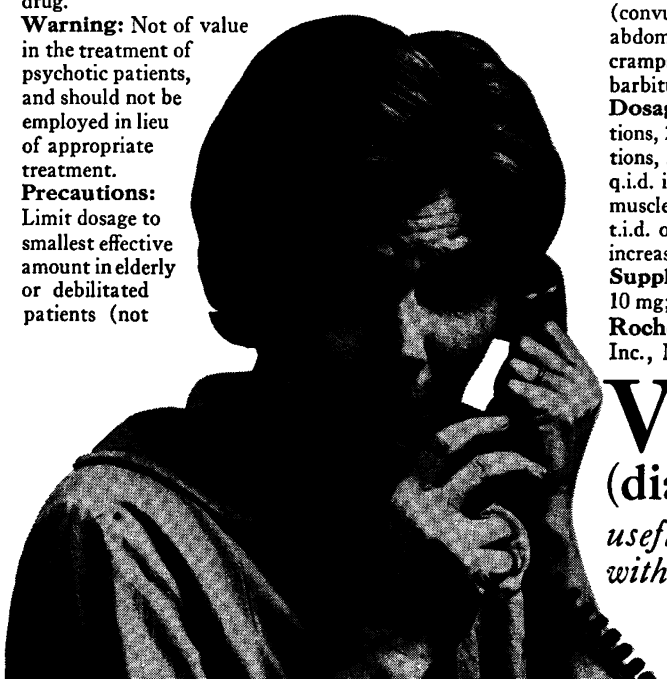


Side Effects: Side effects (usually dose-related) are fatigue, drowsiness and ataxia. Also reported: mild nausea, dizziness, blurred vision, diplopia, headache, incontinence, slurred speech, tremor and skin rash; paradoxical reactions (excitement, depression, stimulation, sleep disturbances, acute hyperexcited states, hallucinations); changes in EEG patterns during and after drug treatment. Abrupt cessation after prolonged overdosage may produce withdrawal symptoms (convulsions, tremor, abdominal and muscle cramps, vomiting, sweating) similar to those seen with barbiturates, meprobamate and chlordiazepoxide HCl.

Dosage—*Adults:* Mild to moderate psychoneurotic reactions, 2 to 5 mg b.i.d. or t.i.d.; severe psychoneurotic reactions, 5 to 10 mg t.i.d. or q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; muscle spasm with cerebral palsy or athetosis, 2 to 10 mg t.i.d. or q.i.d. *Geriatric patients:* 1 or 2 mg/day initially, increase gradually as needed and tolerated. (See Precautions)

Supplied: Valium® (diazepam) Tablets, 2 mg, 5 mg and 10 mg; bottles of 50 and 500.

Roche Laboratories, Division of Hoffmann-La Roche Inc., Nutley, N.J. 07110



Valium®
(diazepam) Roche®

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useful for the relief of psychic tension with associated depressive symptoms